Oklahoma Senate Committee on Appropriations

2016-17 2017 - 2018 Performance Report

Oklahoma State Department of Health - 340

AGENCY MISSION STATEMENT: *To protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can be healthy*

LEAD ADMINISTRATOR:

Tom Bates, Interim Commissioner of Health
1000 NE 10th Street
Oklahoma City, Ok 73117
(405) 271-4200

GOVERNANCE: The State Board of Health shall consist of nine members, appointed by the Governor and confirmed by the Senate, possessing qualifications listed in 63 O.S. 1991, § 1-103. The State Board of Health shall elect annually from its membership a President, Vice President and Secretary. The Board shall adopt rules for its government, and may adopt an official seal for the State Department of Health. It shall hold such meetings as it deems necessary. Each member of the Board shall be paid travel expenses, as provided in the State Travel Reimbursement Act.

The Board shall have the following powers and duties:

- Appoint and fix the compensation of a State Commissioner of Health;
- Adopt such rules, and standards as it deems necessary to carry out any of the provisions of this Code;
- Accept and disburse grants, allotments, gifts, devises, bequests, funds, appropriations, and other property made or offered to it; and
- Establish such divisions, sections, bureaus, offices, and positions in the State Department of Health as it deems necessary to carry out the provisions of this Code.

MEMBERSHIP:

Martha Burger, M.B.A.; Cris Hart-Wolfe; Robert S. Stewart, M.D.; Edward Legako, M.D.; Jenny Alexopulos, D.O.; Charles W. Grim, DDS, MHSA; Terry Gerard, D.O.; R. Murali Krishna, M.D.; Timothy Starkey, M.B.A.

SUBCOMMITTEES:

Executive Committee: The Executive Committee, to the extent authorized by law, acts on behalf of the Board between meetings carefully following existing Board policy and after consultation with other members as required.

Finance Committee: Participates in the budget process, taking into account Board and Department priorities. Reports to the Board monthly.

Accountability, Ethics, and Audit Committee: Represents the Board in meeting its obligation of oversight, reviews internal and external audit reports, and provides the Board with information for these activities.

Public Health Policy Committee: Receives policy and resolution recommendations, initiates policies and resolutions for review and action by the Board. In conjunction with the Executive Committee, develops the annual State of the State's Health Report.

Retreat Planning/Board Development Committee: Assist the Board in identifying areas for improvement, guiding change, and generally enhancing performance management. Research and promote resources and educational opportunities for Board member development in the area of governance.

GOVERNANCE ACCOUNTABILITY:

Title 63 - Public Health and Safety Code
All laws, policies and procedures pertaining to state and federal government.

MODERNIZATION EFFORTS:

The following is a list of the major modernization efforts undertaken by the Oklahoma State Department of Health (OSDH) since July 1, 2010. Also included are statutory changes that prompted the modernization efforts and the resultant cost savings or additional cost burdens.

- In accordance with HB 1304 (2011), the department has completed consolidation of the Information Technology (IT) functions into the Information Services Division (ISD) of the Office of Management and Enterprise Services (OMES). OSDH and ISD have a signed Master Services Agreement and continue to work collaboratively to support OSDH's business needs while identifying shared services and efficiencies. OSDH was the first agency with significant information technology infrastructure to have its IT operations consolidated within OMES-ISD.
- OSDH began using Oklahoma's online vital event registration system, Registering Oklahoma Vital Event Records (ROVER), for Birth Certificates in April of 2009 and Death Certificates in October of 2010. As a result of its use, Oklahoma has seen reductions in vital records registration times, reporting times to state and federal partners, staff time to process changes to Vital Records, and improvements in data quality. The reporting lag time from date of registration to receipt by the National Center for Health Statistics has been reduced from an average of 25 or more days (2008) to 1 day (2013) for both birth and death certificate data. Notification of deaths to the Social Security Administration (SSA) has also seen improvements. Two thirds of all deaths are now reported in less than 6 days (98% within 1 month) which allows SSA to modify benefit dispersion reducing incorrect payments and saving tax payer dollars. Deaths that are registered using only ROVER (by both funeral directors and the certifying physician) are typically registered 15 days sooner than those that are filed on paper and 11 days sooner than those that are filed where only the funeral director uses the system. Prior to ROVER implementation, amendments to death records took an average of 75 minutes to complete, after ROVER implementation amendments now only require 1-2 minutes each. With the reduction in time required to complete amendments, and automated system edits, resources have been redirected to continue improvements in data quality.
- In 2014, OSDH began billing health insurance for services provided in county health department clinics. This additional revenue stream is a critical element in Department's effort to develop more sustainable funding models for its programs. In the first year, private health insurance companies were billed for Immunization and Family Planning services. The Department is actively outreaching to health insurers to join their networks in order to reduce denials and increase revenue stream. In addition, billing times have increased from monthly to daily with system improvements and the OSDH is continuing to work with its partner OMES to develop improvements in the billing platform and structure.
- In 2015, OSDH implemented a new Laboratory Information Management System (LIMS). The new system improves reporting capability, allows better integration with laboratory test equipment, and utilizes standards-based interfaces to improve interoperability with IT infrastructure and other information systems.
- OSDH has completed upgrades to the system that converted and modernized OSIIS into newer technology based on CDC requirements. This standardized the OSIIS system for immunization information exchange among OSDH, other health care providers, and individuals as described and implied under meaningful use requirements set forth by the Centers for Medicare and Medicaid Services (CMS).

The following are actions taken by the OSDH to cut costs and/or eliminate waste:

- Created a centralized billing office and consolidated the billing functions within each of the 68 county health departments. This efficiency will save time and effort of local county health department staff, yield better collections and save more than $20,000 on postage.
- A quality improvement initiative in OSDH has reduced the average processing time for licenses from 7.4 days to 3.6 days. Almost 17,000 work hours are saved annually across the Department.

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CORE MISSION:

What services are you required to provide which are outside of your core mission? Are any services you provide duplicated or replicated by another agency? Are there services which are core to your mission which you are unable to perform because of requirements to perform non-core services elsewhere?

The core mission of public health is to protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can be healthy. Programs necessary to meet this mission are broad and encompass the services provided by the department.

PRIVATE ALTERNATIVES:

Are any of the services which are performed by the agency also performed in the private sector in Oklahoma? In other states? Has the agency been approached by any foundation, for-profit or not-for-profit corporation with efforts to privatize some of the functions of the agency?

Public health typically provides gap services to citizens or services in which there is no private sector alternative. When there is a private sector alternative available those services are contracted to reduce services performed by the OSDH or augment services in an effort to meet the demand. An example is the network of WIC providers which is made up of county, state, and private providers. Any effort to privatize services should be undertaken through the establishment of metrics to ensure appropriate comparisons between governmental services provided and the private sector alternative.